

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Cottie Petrie-Norris for Assembly 2020			Date of This Filing _____ 09/21/2020	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1414368	Report No. _____ 905761-KA			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95815			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages _____ 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2020	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:1836	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$45.23
09/18/2020	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:1837	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$502.92
09/18/2020	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:1838	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$23,500.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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NAME OF FILER Cottie Petrie-Norris for Assembly 2020			Date of This Filing 09/21/2020 Report No. 905761-KA <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95815			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:1838
In-Kind Contribution

Memo Reference: NON:S497:1837
In-Kind Contribution

Memo Reference: NON:S497:1836
In-Kind Contribution
